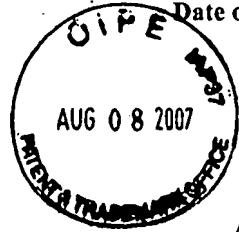


8-13-07

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Attorney Docket No. 18242-508CIP2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Chapman *et al.*  
SERIAL NUMBER: 10/055,143 EXAMINER: Snyder, Stuart  
FILING DATE: January 22, 2002 ART UNIT: 1648  
FOR: METHOD FOR PURIFYING A BIOLOGICAL COMPOSITION

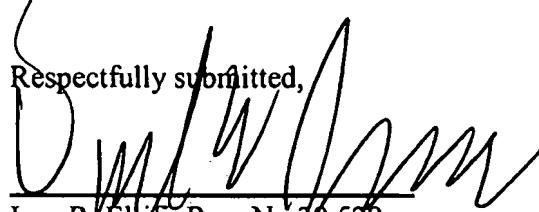
Mail Stop Petition  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**Request to Withdraw Petition To Revive Unintentionally Abandoned Application/  
Petition for Express Abandonment**

Applicants request withdrawal of the petition to revive for unintentional delay the above-identified application, which was submitted on April 4, 2007. In the alternative, if the petition submitted April 4, 2007 has been granted and the application is pending, Applicants request express abandonment of the application under 37 CFR 1.138.

Please charge any fees that may be due, or credit any overpayment of same, to Deposit Account No. 50-0311, Reference No. 18242-508CIP2.

Respectfully submitted,

  
Ivor R. Elahi, Reg. No. 39,529  
David E. Johnson, Reg. No. 41,874  
Attorney for Applicants  
c/o MINTZ, LEVIN  
Tel: (617) 542-6000  
Fax: (617) 542-2241  
Customer No. 30623

Dated: August 8, 2007

Deposit Date: 08/14/2007 CKHLOK 0008362000  
Patent Number: Name/Number:10055143  
Fee: \$300 \$1500.00 CR  
Deposit Date: 08/14/2007 CKHLOK 0008273700  
Patent Number: Name/Number:10055143  
Fee: \$300 \$1020.00 CR  
Deposit Date: 08/14/2007 CKHLOK 0008255600  
Patent Number: Name/Number:10055143  
Fee: \$300 \$500.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>9-13-87</u>		2 Serial/Patent # <u>10/055143</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
	Extension of Time		4-4-87	\$ 1020	1253
	Notice of Appeal/Appeal		4-4-87	\$ 500	1401
	Petition		4-4-87	\$ 1500	1453
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	Cert of Correction/Terminal Disc.			\$	
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		7 TOTAL AMOUNT OF REFUND		<u>\$ 3020</u>	
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		Overpayment			
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		No Fee Due (Explanation):			
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME:		Karen Creasy		TITLE: Petitions Examiner	
SIGNATURE:		<u>K Creasy</u>		PHONE: 2-3208	
OFFICE:		Petitions			
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APPROVED:		<u>CKW</u>		DATE: <u>9/14/87</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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